

BEST AVAILABLE COPY

CLAIMS ONLY						Application Number		Filing Date			
						Applicant(s)					
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	/						51	/			
2		/					52	/			
3		/					53	/			
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45		/					95				
46		/					96				
47		/					97				
48		/					98				
49		/					99				
50		/					100				
Total Indep							Total Indep				
Total Depend							Total Depend				
Total Claims							Total Claims				